



**MISSOURI PUBLIC SERVICE COMMISSION
MANUFACTURED HOUSING & MODULAR UNITS PROGRAM
MANUFACTURER'S MONTHLY SHIPMENT REPORT**

Reporting Period (Month/Year When the Shipments Were Made)

Transmittal Number (PSC Office Use Only) _____

Check Number _____ Check Amount _____

Remit Report and Payment to: Manufactured Housing & Modular Unit Program, P.O. Box 360, Jefferson City, MO 65102. Checks made payable to Missouri Director of Revenue.

- This report must be submitted before the **10th of each month** following the month for which the manufactured homes were shipped.
- **All shipments** of manufactured homes must be reported.
- If no shipments are made for a particular month, enter **"No Shipments"**.
- This report must be completed in full and signed or it will be **rejected**.
- A **separate** form must be submitted for **each month's shipments**.
- Shipment fee of **\$30 per manufactured home** must accompany this report, or it will be rejected.

Manufacturer Registration Number (The number on the bottom of your Manufacturer Certificate)

Manufacturer Name (Please enter the name as it appears on your Manufacturer Certificate)

Telephone Number (Please include area code)

Manufacturer Plant Address

City, State, Zip Code

SHIPPED DATE	DEALER HOME SHIPPED TO - (Do not abbreviate)	DEALER LOT ADDRESS (Street and City)	YEAR	SIZE	SERIAL NUMBER
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Please attach additional sheets as necessary. Please carry over totals from previous pages and record grand totals at the bottom of the last page.

Total Number of Homes Shipped _____ x \$30 per home = \$ _____

As an officer or representative of the manufacturing plant, I hereby state that the above statements are true and correct to my best knowledge and belief.

SIGNATURE:

TITLE:

DATE: